Massachusetts Department of Public Health
Massachusetts Immunization Program (MIP)

MODEL STANDING ORDERS

Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP)

These model standing orders are current as of April 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

DTaP is indicated for all children <7 years of age, unless a contraindication, as outlined in Table 2, is present. When pertussis vaccine is contraindicated, diphtheria/tetanus toxoids (DT) should be used.

DT is indicated only for children <7 years of age and for whom pertussis vaccine is specifically contraindicated. (NO MODEL STANDING ORDERS AVAILABLE)

Td (tetanus/diphtheria toxoids) is indicated for primary vaccination of persons ≥ 7 years of age, and for booster doses for everyone including susceptible pregnant women, who have completed a primary series with DTP/DTaP, DT or Td. See separate orders for Td.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
2. Screen for contraindications according to Table 1.
3. Give DTaP vaccine 0.5 ml intramuscularly (IM) according to the recommended schedule (see Table 2). **Always check the package insert prior to administration of any vaccine**. Administer IM vaccines at a 90^{o} angle with a 22- to 25-gauge needle.
   a. For infants ≤ 12 months of age, administer into the anterolateral aspect of the thigh with a 7/8- to 1-inch needle. (For newborn and or low birth weight infants only, a 5/8" needle may be considered.)
   b. For children ≥ 12 months of age, administer into the anterolateral aspect of the thigh or deltoid muscle, using a 7/8- to 1¼-inch needle.
4. Administer DTaP vaccine simultaneously with all other vaccines indicated according to the

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recommended schedule and the patient's current vaccine status.

5. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967, or via the VAERS website: www.vaers.org.
8. Please see the MIP document, *General Protocols for Standing Orders*, for further recommendations and requirements regarding vaccine administration, documentation, and consent.

Table 1. Contraindications and Precautions to DTaP Vaccine

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Valid Contraindications	Invalid Contraindications (DTaP Vaccine should be given)
Anaphylactic reaction to previous dose of DTaP[1], latex, or any other component of the vaccine (see package insert for specific components)[2]	Mild illness with or without a low-grade fever
	Non-anaphylactic allergy to any component of the vaccine
Encephalopathy[3] (e.g., coma, decreased level of consciousness, prolonged seizures) not due to another identifiable cause within 7 days of previous dose of DTP or DTaP	Local reaction to previous dose of DTP/DTaP, including whole limb swelling after 4th dose of DTP/DTaP[4]
	Family history of convulsions[5]
	Family history of an adverse event following DTP/DTaP administration
Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopaty: defer DTaP until neurologic status clarified and stabilized	Stable neurologic conditions (e.g., cerebral palsy, well-controlled convulsions, developmental delay)
	Current antimicrobial therapy
	Fever < 40.5° C (105° F), fussiness or mild drowsiness following a previous dose of DTaP/DTP
	Prematurity
	Family history of SIDS

Precautions to DTaP Vaccine:

- Moderate to severe illness, with or without fever (temporary precaution)
- Fever > 40.5° C (105° F) ≤ 48 hours after previous dose of DTP or DTaP, unexplained by any other cause[5,6]
- Seizures or convulsions ≤ 72 hours after previous dose of DTP or DTaP[5,6]
- Collapse or shocklike state (e.g., hypnotic hyporesponsive episode) ≤ 48 hours after previous dose of DTP or DTaP[6]
- Persistent, inconsolable crying lasting ≥ 3 hours ≤ 48 hours of previous dose of DTP or DTaP[6]
- Guillain-Barré syndrome (GBS) ≤ 6 weeks after a dose of DTP or DTaP[7]
- Underlying unstable neurologic disorders (including seizure disorders cerebral palsy, and developmental delay)[8]

(Footnotes next page)

Footnotes from Table 1, previous page

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[1] If tetanus toxoid is contraindicated for a child who has not completed a primary series of tetanus toxoid immunization and that child has a wound that is neither clean nor minor, give only passive vaccination, using tetanus immune globulin (TIG).
[2] Persons with a history of anaphylaxis to a vaccine component, but who are at risk for diphtheria, tetanus and pertussis, should be referred to a health care provider for evaluation and possible administration of DTaP vaccine.
[3] A severe, acute, central nervous system disorder unexplained by another cause, which may be manifested by major alterations of consciousness or by generalized focal seizures that persist for more than a few hours without recovery within 24 hours.
[4] Available data demonstrate substantial increase in the frequency and magnitude of local reactions after the 4th and 5th doses of DTaP vaccine. However, they appear to resolve without complications. Swelling, even extreme swelling, after the 4th dose is **not** a contraindication to administration of the 5th dose of DTaP.
[5] Consider giving acetaminophen before DTaP and every 4 hours thereafter for 24 hours.
[6] Consider carefully the benefits and risks of this vaccine under these circumstances. If the risks are believed to outweigh the benefits, withhold the vaccination; if the benefits are believed to outweigh the risks (for example, during an outbreak of foreign travel), give the vaccine.
[7] The decision to give additional doses of DTaP should be based on consideration of the benefit of further vaccination vs. the risk of recurrence of GBS. For example, completion of the primary series in children is justified.
[8] Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided individually. Generally, infants and children with stable neurologic conditions, including well-controlled seizures, may be vaccinated.

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Table 2. DTaP Schedule for Children < 7 Years of Age[1]

Dose	Vaccine	Recommended Age	Accelerated Schedule
1	DTaP	2 months	≥ 6 weeks of age
2	DTaP	4 months	≥ 1 month after 1st dose
3	DTaP	6 months	≥ 1 month after 2nd dose
4[2]	DTaP	15-18 months	≥ 6 months after 3rd dose
5[2,3,4]	DTaP	4-6 years	≥ 6 months after 4th dose
Additional Boosters	Td	11 - 12 years of age, if ≥ 5 years since 5th dose, then every 10 years	1st booster ≥ 5 years after the 5th dose, then every 10 years

[1] DTaP and DT should **not** be given to individuals ≥ 7 years of age.
[2] The 4th dose of DTaP may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age15-18 months.
[3] The 5th dose of DTaP is not necessary if the 4th dose was given on or after the 4th birthday.
[4] Currently, only three products, INFANRIX®, Tripedia®, and DAPTACEL® are available in Massachusetts. Whenever feasible, the same formulation should be used for all 5 doses. However, to reduce missed opportunities, providers should administer whatever formulation is available.

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References:

American Academy of Pediatrics. Active and Passive Immunization. Diphtheria. Immunization in Special Clinical Circumstances. Pertussis. Standards for Child and Adolescent Immunization Practices (Appendix II). Tetanus. In Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 7-53, 53-66, 263-266, 66-93, 472-486, 795-798, 611-617.

CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002; 51 (No. RR-2):1-35.

CDC. Guide to contraindications to vaccinations. U.S. Department of Health & Human Services, September 2003.

CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP). Pertussis vaccination: use of acellular pertussis vaccine among infants and young children. MMWR 1997;46(No. RR-7):1-25.

CDC. Recommended childhood and adolescent immunization schedule - United States, Jan – June 2004. MMWR 2004;53:Q1-Q4.

CDC. Update: vaccine side effects, adverse reactions, contraindications, and precautions-recommendations of the ACIP. MMWR 1996;45(No. RR-12):10-22.

CDC. Use of diphtheria toxoid-tetanus toxoid-accellular pertussis vaccine as a five-dose series: supplemental recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(No. RR-13):1-8.

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